

# Eligibility Worker Quick Reference

## I. Initial IV-E Eligibility Determination Information

### *AFDC Relatedness-Income Need Standards*

<b>AFDC Group Size</b>	<b>Income Test 185% Need Standard</b>	<b>Income Test 100% Need Standard</b>
1	608	329
2	843	456
3	1050	568
4	1230	665
5	1400	757
6	1542	834

*For larger AFDC group size, see Eligibility Manual Section 2-12, Page 12*

### *Percentage of Income Available to Child*

<b>Removal Date</b>	<b>Percentage</b>
Days 1-7	25%
Days 8-15	50%
Days 16-22	75%
Days 23 through end of month	100%

## II. Medicaid Eligibility Determination Information

### *Medicaid Children's Programs. Asset and Income Limits for HH Sizes of 1 or 2*

<b>Program Type</b>	<b>Asset Limits</b>		<b>Income Limits</b>	
	HH of 1	HH of 2	HH of 1	HH of 2
Medicaid Basic Maintenance Program: <b>Child Only</b> FC-C	\$2000	\$3000	\$382	\$468
Poverty Level Program: <b>Newborn</b> (Age 0-5)& <b>PreNatal</b>	None	None	\$1352	\$1823
Poverty Level Program: <b>Newborn+</b> (6-19)	\$2000	\$3000	\$1277	\$1744

*Medicaid Policy is available online at <http://utahcares.utah.gov/infosourcemedicaid/>*

## III. IV-E Review Information

### *Foster Care Need Standard and IV-E Asset Standard for IV-E Eligibility Review*

<b>185% Foster Care Need Standard</b> <i>(for eligibility review of child's income)</i>	<b>IV-E Asset Standard</b> <i>(for eligibility review of child's assets)</i>
<b>\$1489 per month</b>	<b>\$10,000</b>